

Well or Septic Variance/Deviation Request

Date: _____

Property Address: _____

I, _____, am requesting a variance or deviation from the requirements set forth in the COMAR Sewage Disposal (26.04.02), Subdivision (26.04.03), or Well Construction (26.04.04) Regulations. Specifically, I wish to install or construct a _____ under file/permit number _____

and need a variance/deviation for the following reasons:

Applicant/Permit Holder's signature Telephone Number: _____

I confirm that the necessity for this variance/deviation does exist.

Property Owner's signature Telephone Number: _____

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Carroll County Health Department Use Only

Reviewed by _____ Date _____
CCHD Staff

Recommendation: Grant Approval Deny Approval

Comments/Conditions: _____

Approved by: _____ Date _____
CCHD Supervisor

MDE Consultant (if applicable) Date _____